

ARINC 429 REQUEST FORM  
Revision 06/28/2018

Use this form to propose changes to ARINC 429 Part 1 and Part 2. A complete bit-oriented description should be included with your proposal.

The completed form should be submitted to:

Larry Hesterberg  
Industry Activities staff  
SAE ITC ARINC IA  
16701 Melford Blvd., Suite 120  
Bowie, Maryland 20715

Facsimile: (301) 383-1231  
E-mail: larry.hesterberg@sae-itc.org

Name:	E-mail:
Company:	Phone:
Date Requested:	Fax:

Equipment Type:	
Equipment ID (Hex): _____	<input type="checkbox"/> Proposed <input type="checkbox"/> Already Assigned

Label (Octal) Requested: _____	
Label Type:	<input type="checkbox"/> BNR <input type="checkbox"/> BCD <input type="checkbox"/> DIS <input type="checkbox"/> SAL
Parameter Name:	

Units:	Range (scale):
Significant Bits:	Positive Sense:
Min Trans Interval (msec):	Resolution:
Max Trans Interval (msec):	Max Trans Delay (msec):
Notes:	

On the next page is a Blank ARINC 429 bit definition form. Please complete the form when requesting a label assignment.

Examples of completed ARINC 429 Request forms are available on the ARINC Website in either Acrobat (pdf) or MSWord Format. If you have any question in completing an ARINC 429 request form, please contact Larry Hesterberg.

